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Form **990**

Return of Organization Exempt From Income Tax

2009

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 2009, and ending 20

| | | |
|---|---|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization FEMINIST MAJORITY FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 433 SOUTH BEVERLY DRIVE City or town, state or country, and ZIP + 4 BEVERLY HILLS, CA 90212 | D Employer identification number 54-1426440 |
| | | E Telephone number (310) 556-2500 |
| | | G Gross receipts \$ 5,039,916. |
| | | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | H(c) Group exemption number |
| J Website: WWW.FEMINIST.ORG | | L Year of formation 1987 M State of legal domicile CA |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | |

Part I Summary

| | | | |
|---|--|-------------------|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS FORMED FOR FURTHERING EQUALITY; PROMOTING NON-VIOLENCE, JUSTICE, PEACE, ECONOMIC DEVELOPMENT, LEARNING, IDEAS, RESEARCH, EDUCATION AND LEADERSHIP FOR FEMINIST ACTIVISTS. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 10 |
| | 5 Total number of employees (Part V, line 2a) | 5 | 45 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 100 |
| | 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 3,934,677. | 3,769,395. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,286,814. | 1,223,467. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -467. | 29. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 91,662. | 47,025. |
| | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 5,312,686. | 5,039,916. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 475,247. | 110,000. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 2,607,948. | 2,555,960. |
| | b Total fundraising expenses, Part IX, column (D), line 25 | 0. | 0. |
| Expenses | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 197,706. | |
| | 18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25) | 2,615,750. | 2,738,580. |
| | 19 Revenue less expenses Subtract line 18 from line 12 | 5,698,945. | 5,404,540. |
| | | -386,259. | -364,624. |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 3,377,617. | 3,173,709. |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 634,006. | 930,681. |
| | 2,743,611. | 2,243,028. | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here Signature of officer: *PEG YORKIN* Date: 11/15/10
 Type or print name and title: PEG YORKIN, CHAIR OF BOARD

Paid Preparer's Use Only
 Preparer's signature: *James Bell* Date: 11/15/10 Check if self-employed:
 Preparer's identifying number (see instructions): 545-49-1581
 Firm's name (or yours if self-employed): MAGINNIS KNECHTEL & MCINTYRE LLP EIN: 95-2746188
 address, and ZIP + 4: 950 SOUTH ARROYO PARKWAY PASADENA, CA 91105 Phone no: 626-449-3466

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

20

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

ATTACHMENT 3

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 805,154 including grants of \$) (Revenue \$ 806,550) MS. COMMUNITY

4b (Code) (Expenses \$ 362,507 including grants of \$) (Revenue \$) WOMEN EMPOWERMENT/GLOBAL

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,446,179 including grants of \$) (Revenue \$ 416,917)

4e Total program service expenses 4,613,840.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> | X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> | | X |
| 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i> | | X |
| 24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24 c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 25 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i> | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| 28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 28 c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> | X | |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> | X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-12a regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No, and a sub-table for 1a and 1b. Rows include questions about voting members, family relationships, management control, organizational changes, asset diversions, members, and documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, document retention, compensation review, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ELEANOR SMEAL PRESIDENT | 25.00 | X | | X | | | 97,031 | 43,608 | 0 | |
| DOLORES HUERTA DIRECTOR | 1.00 | X | | X | | | 0 | 0 | 0 | |
| DOROTHY JONAS DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| KATHERINE SPILLAR EXEC VICE PRES | 38.00 | X | | | | | 140,719 | 0 | 0 | |
| PEG YORKIN CHAIR | 1.00 | X | | X | | | 0 | 0 | 0 | |
| RAE WYMAN TREASURER | 1.00 | X | | | | | 0 | 0 | 0 | |
| CAROL LEIF DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| VALERIE CAIN CFO | 30.00 | X | | X | | | 107,085 | 11,675 | 0 | |
| HELEN CHO DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| LORRAINE SHEINBERG DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| MAVIS LENO DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| INA COLEMAN DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| DIANE CUTRI VICE PRESIDENT | 36.00 | X | | X | | | 108,772 | 23,877 | 0 | |
| MARTA KAUFFMAN DIRECTOR | 1.00 | X | | | | | 0 | 0 | 0 | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

54-1426440

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|---|----------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c | | | | |
| | d Related organizations | 1d | | | | |
| | e Government grants (contributions) . . | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . . | 1f | 3,769,395 | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | |
| | h Total. Add lines 1a-1f | | | 3,769,395 | | |
| Program Service Revenue | 2a PROGRAM SERV REV | Business Code | 900099 | 416,917 | 416,917 | |
| | b LIBERTY MEDIA FOR | | | | | |
| | c WOMEN, LLC | | 900099 | 806,550 | 806,550 | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | | 1,223,467 | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). | ATTACHMENT 5 | | 29 | |
| 4 Income from investment of tax-exempt bond proceeds | | | | 0 | | |
| 5 Royalties | | | | 0 | | |
| 6a Gross Rents | | (i) Real (ii) Personal | | | | |
| b Less rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) | | | | 0 | | |
| 7a Gross amount from sales of assets other than inventory | | (i) Securities (ii) Other | | | | |
| b Less cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | | | 0 | | |
| 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | a | | | | |
| b Less direct expenses | | b | | | | |
| c Net income or (loss) from fundraising events | | | | 0 | | |
| 9a Gross income from gaming activities See Part IV, line 19 | | a | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | | 0 | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | | 0 | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a LIST RENTAL | | | 383 | 383 | | |
| b OTHER INCOME | | | 46,642 | 46,642 | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | 47,025 | | | |
| 12 Total Revenue. See instructions | | | 5,039,916 | 1,270,492 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i> | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the US See Part IV, line 21 . . . | 32,075. | 32,075. | | |
| 2 Grants and other assistance to individuals in the US See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the US See Part IV, lines 15 and 16 | 77,925. | 77,925. | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 492,107. | 450,475. | 33,168. | 8,464. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . | 0. | | | |
| 7 Other salaries and wages | 1,667,525. | 1,526,440. | 112,253. | 28,832. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . | 5,575. | 4,751. | 639. | 185. |
| 9 Other employee benefits | 255,946. | 236,034. | 17,500. | 2,412. |
| 10 Payroll taxes | 134,807. | 124,724. | 8,110. | 1,973. |
| 11 Fees for services (non-employees) | | | | |
| a Management | 0. | | | |
| b Legal | 338,906. | 310,145. | 28,761. | |
| c Accounting | 0. | | | |
| d Lobbying | 0. | | | |
| e Professional fundraising services See Part IV, line 17 | 0. | | | |
| f Investment management fees | 0. | | | |
| g Other | 0. | | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 374,424. | 286,066. | 19,428. | 68,930. |
| 14 Information technology | 0. | | | |
| 15 Royalties | 0. | | | |
| 16 Occupancy | 436,201. | 354,000. | 82,201. | |
| 17 Travel | 95,879. | 91,344. | 2,148. | 2,387. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 62,137. | | 62,058. | 79. |
| 21 Payments to affiliates | 0. | | | |
| 22 Depreciation, depletion, and amortization | 80,006. | 60,005. | 20,001. | |
| 23 Insurance | 85,004. | 40,900. | 44,104. | |
| 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| a CONSULTANTS | 129,144. | 124,508. | 3,048. | 1,588. |
| b BOOKS, RESEARCH SERV, PRINTE | | | | |
| c MATERIALS, VIDEL PROD ETC. | 141,185. | 120,965. | 3,098. | 17,122. |
| d LIST RENTAL, CAGING, MAIL | | | | |
| e HOUSE AND OTHER DATA PROCE | 211,285. | 150,603. | | 60,682. |
| f All other expenses | 784,409. | 622,880. | 156,477. | 5,052. |
| 25 Total functional expenses. Add lines 1 through 24f | 5,404,540. | 4,613,840. | 592,994. | 197,706. |
| 26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|---------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 352,273. | 2 | 163,734. |
| | 3 Pledges and grants receivable, net | 221,534. | 3 | 361,961. |
| | 4 Accounts receivable, net | 38,044. | 4 | 24,986. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 69,597. | 8 | 77,712. |
| | 9 Prepaid expenses and deferred charges | 57,060. | 9 | 0. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,808,618. | | |
| | b Less accumulated depreciation | 10b 506,735. | 1,381,889. | 10c 1,301,883. |
| | 11 Investments - publicly traded securities | ATCH 7. | 88,212. | 11 99,300. |
| | 12 Investments - other securities See Part IV, line 11 | | | 12 |
| | 13 Investments - program-related. See Part IV, line 11 | | | 13 |
| | 14 Intangible assets | | | 14 |
| | 15 Other assets. See Part IV, line 11 | | 1,169,008. | 15 1,144,133. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 3,377,617. | 16 3,173,709. | |
| Liabilities | 17 Accounts payable and accrued expenses | 559,006. | 17 | 700,401. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties ATCH 8 | 75,000. | 23 | 68,750. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities Complete Part X of Schedule D | 0. | 25 | 161,530. |
| | 26 Total liabilities. Add lines 17 through 25 | 634,006. | 26 | 930,681. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 2,378,611. | 27 | 1,878,028. |
| | 28 Temporarily restricted net assets | 365,000. | 28 | 365,000. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 2,743,611. | 33 | 2,243,028. | |
| 34 Total liabilities and net assets/fund balances | 3,377,617. | 34 | 3,173,709. | |

Part XI Financial Statements and Reporting

| | | Yes | No |
|-----------|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | X | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 5,791,219 | 5,418,806 | 5,775,452 | 5,221,492 | 4,992,862 | 27,199,831 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 5,791,219 | 5,418,806 | 5,775,452 | 5,221,492 | 4,992,862 | 27,199,831 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 27,199,831 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 5,791,219 | 5,418,806 | 5,775,452 | 5,221,492 | 4,992,862 | 27,199,831 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5,762 | 26 | | 18 | 29 | 5,835 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH 1 | 172,025 | 84,255 | 129,702 | 91,662 | 47,025 | 524,669 |
| 11 Total support. Add lines 7 through 10 | | | | | | 27,730,335 |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|--------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.09% |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 97.22% |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b. | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2005 | 2006 | 2007 | 2008 | 2009 | TOTAL |
|---------------|----------------|---------------|----------------|------|------|----------------|
| LIST RENTAL | 52,620 | 34,384 | 22,640 | | | 109,644 |
| OTHER INCOME | 119,405 | 49,871 | 107,062 | | | 276,338 |
| TOTALS | <u>172,025</u> | <u>84,255</u> | <u>129,702</u> | | | <u>385,982</u> |

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2009

▶ Complete if the organization is described below.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations. Complete Part III

| | |
|--|--|
| Name of organization FEMINIST MAJORITY FOUNDATION | Employer identification number 54-1426440 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group
B Check if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|---|---|--|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| 1 a | Total lobbying expenditures to influence public opinion (grass roots lobbying) | 22,107. | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 13,757. | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 35,864. | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | 5,382,433. | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 5,418,297. | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount Enter the amount from the following table in both columns | 420,915. | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 105,229. | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If these is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|------------|
| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2 a Lobbying non-taxable amount | 436,388. | 444,731. | 434,947. | 420,915. | 1,736,981. |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | 2,605,472. |
| c Total lobbying expenditures | 134,496. | 3,742. | 127,787. | 35,864. | 301,889. |
| d Grassroots nontaxable amount | 109,097. | 111,183. | 120,630. | 105,229. | 446,139. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 669,209. |
| f Grassroots lobbying expenditures | 95,760. | 2,925. | 7,157. | 22,107. | 127,949. |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total Add lines 1c through 1i. 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, and Part I-B, line 1i. Also, complete this part for any additional information

Series of horizontal dashed lines for supplemental information.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization FEMINIST MAJORITY FOUNDATION

Employer identification number 54-1426440

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: Description, (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
(ii) related organizations

Yes/No table for 3a(i), 3a(ii), 3b

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total

| Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements | | |
|---|---|--------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 5,039,916. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 5,404,540. |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 -364,624. |
| 4 | Net unrealized gains (losses) on investments | 4 17,426. |
| 5 | Donated services and use of facilities | 5 |
| 6 | Investment expenses | 6 |
| 7 | Prior period adjustments | 7 |
| 8 | Other (Describe in Part XIV) | 8 |
| 9 | Total adjustments (net) Add lines 4 through 8 | 9 17,426. |
| 10 | Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 | 10 -347,198. |

| Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return | | |
|--|---|--------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 5,057,342. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | |
| a | Net unrealized gains on investments | 2a 17,426. |
| b | Donated services and use of facilities | 2b |
| c | Recoveries of prior year grants | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e 17,426. |
| 3 | Subtract line 2e from line 1 | 3 5,039,916. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a |
| b | Other (Describe in Part XIV) | 4b |
| c | Add lines 4a and 4b | 4c |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 5,039,916. |

| Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return | | |
|---|--|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 5,404,540. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | |
| a | Donated services and use of facilities | 2a |
| b | Prior year adjustments | 2b |
| c | Other losses | 2c |
| d | Other (Describe in Part XIV) | 2d |
| e | Add lines 2a through 2d | 2e |
| 3 | Subtract line 2e from line 1 | 3 5,404,540. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a |
| b | Other (Describe in Part XIV) | 4b |
| c | Add lines 4a and 4b | 4c |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5 5,404,540. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information *(continued)*

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

FEMINIST MAJORITY FOUNDATION

Employer identification number

54-1426440

ATTACHMENT 2

FAMILY RELATIONSHIP BETWEEN DIRECTORS, OFFICERS AND KEY EMPLOYEES

Q2/PART VI/990

NAME OF OFFICER, DIRECTOR, ETC: ELEANOR SMEAL, PRESIDENT, AUNT

NAME OF RELATED PARTY: DIANE CUTRI, VICE PRESIDENT, NIECE

NON-VOTING AND NON-INDEPENDENT MEMBER

Q1A AND Q1B/PART VI/990

Q1A: DIANE CUTRI IS A NON-VOTING BOARD MEMBER;

Q1B: TWO DIRECTORS: ELEANOR SMEAL AND KATHERINE SPILLAR ARE NOT

INDEPENDENT VOTING DIRECTORS.

FORM 990 REVIEW

990 PART VI LINE 11

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER.

PUBLIC DISCLOSURE

990 PART VI LINE 19

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE GENERALLY NOT OPEN TO PUBLIC INSPECTION.

REASONALBE REQUESTS WILL BE CONSIDERED.

ATTACHMENT 3

Name of the organization

FEMINIST MAJORITY FOUNDATION

Employer identification number

54-1426440

ATTACHMENT 3 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FEMINIST MAJORITY FOUNDATION WAS FORMED FOR THE PURPOSE OF FURTHERING EQUALITY; PROMOTING NON-VIOLENCE, JUSTICE, PEACE AND ECONOMIC DEVELOPMENT; ENHANCING FEMINIST LEADERSHIP; PROMOTING LEARNING AND RESEARCH FOR THE FURTHERENCE OF FEMINIST IDEAS AND STUDIES; AND PROVIDING EDUCATION AND TRAINING FOR FEMINIST ACTIVISTS.

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

CA, CT,
 FL, GA, ME, MD, MI,
 MN, MS, NH, NJ, NY, NC, OH, OR, PA,
 SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 5FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | <u>(A) TOTAL REVENUE</u> | <u>(B) RELATED OR EXEMPT REVENUE</u> | <u>(C) UNRELATED BUSINESS REV.</u> | <u>(D) EXCLUDED REVENUE</u> |
|--------------------|----------------------------------|--|--|-------------------------------------|
| INTEREST INCOME | 29 | | | 29 |
| TOTALS | <u>29</u> | | | <u>29</u> |

ATTACHMENT 6

Name of the organization
 FEMINIST MAJORITY FOUNDATION

Employer identification number
 54-1426440

ATTACHMENT 6 (CONT'D)

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|--------------------------|
| PREPAID EXPENSES | 0. |
| DEPOSITS | 0. |
| TOTALS | <u>0.</u> |

ATTACHMENT 7

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|--------------------------|
| OTHER INVESTMENTS | 99,300. |
| TOTALS | <u>99,300.</u> |

ATTACHMENT 8

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: LINE OF CREDIT TO A BANK

ORIGINAL AMOUNT: 75,000.

INTEREST RATE: 5.250000

REPAYMENT TERMS: MONTHLY PAYMENT OF \$500 INCLUDES INTEREST

| | |
|-----------------------------|----------------|
| BEGINNING BALANCE DUE | 75,000. |
| ENDING BALANCE DUE | <u>68,750.</u> |

| | |
|---|----------------|
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | <u>75,000.</u> |
|---|----------------|

| | |
|--|----------------|
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | <u>68,750.</u> |
|--|----------------|

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
FEMINIST MAJORITY FOUNDATION

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number
54-1426440

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| LIBERTY MEDIA FOR WOMEN, LLC | PUBLISHING | CA | 947,080. | 1,306,361. | N/A |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
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| ----- | | | | | |
| ----- | | | | | |

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
| FEMINIST MAJORITY 433 SOUTH BEVERLY DRIVE BEVERLY HILLS, CA 90212 54-1426441 | FEMINIST ACTV | CA | 501(C)(4) | N/A | N/A |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| ----- | | | | | |
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| ----- | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| | (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved |
|-----|-----------------------------------|-------------------------------|------------------------|
| (1) | FEMINIST MAJORITY | PAID BY | 130,714. |
| (2) | FEMINIST MAJORITY | EML PD BY | 84,676. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

| | | |
|--|---|---|
| Type or print <small>File by the due date for filing your return. See instructions</small> | Name of Exempt Organization FEMINIST MAJORITY FOUNDATION | Employer identification number 54-1426440 |
| | Number, street, and room or suite no. If a PO box, see instructions 433 SOUTH BEVERLY DRIVE | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions BEVERLY HILLS, CA 90212 | |

Check type of return to be filed (file a separate application for each return)

| | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ VALERIE CAIN

Telephone No ▶ 310 556-2500 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ calendar year 2009 or
▶ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

| | |
|---|--------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a \$ |
| 3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b \$ |
| 3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c \$ |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

| | | |
|---|---|--|
| Type or print File by the extended due date for filing the return See instructions | Name of Exempt Organization FEMINIST MAJORITY FOUNDATION | Employer identification number 54-1426440 |
| | Number, street, and room or suite no If a P O box, see instructions 433 SOUTH BEVERLY DRIVE | For IRS use only |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions BEVERLY HILLS, CA 90212 | |

Check type of return to be filed (File a separate application for each return)

| | | | |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of VALERIE CAIN
Telephone No. 310 556-2500 FAX No
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning _____, and ending _____
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension
ALL OF THE INFORMATION REQUIRED TO COMPLETE THE RETURN IS NOT AVAILABLE AT THIS TIME.

| | | | |
|--|-----------|----|----|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 | 8b | \$ | 0. |
| c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 8c | \$ | 0. |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Valerie C. Cain Title CPA Date 8-13-10

MAGINNIS KNECHTEL & MCINTYRE LLP
950 SOUTH ARROYO PARKWAY
PASADENA, CA 91105

Form 8868 (Rev 4-2009)